



DOUGLAS A. DUCEY
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100 SCOTTSDALE, AZ
85258
PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039
VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

APPLICATION FOR AN ANIMAL CREMATORY LICENSE

Licensing Fee: \$400.00 ♦ All fees are non-refundable.

Please complete the following:

1. Name of Animal Crematory: _____

Physical Address of Animal Crematory: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number (____) _____ Fax Number (____) _____

Mailing Address if Different: _____

City: _____ State: _____ Zip: _____ County: _____

2. Name of the Responsible Owner of the animal crematory:

Check only one (1) box and complete required information:

☐ **Owner is an individual:**

Name: _____ SSN _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number (____) _____

☐ **Owner is a partnership:** (If more space is required, attach a separate sheet of paper.)

Name of Partner: _____ SSN _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number: (____) _____

Name of Partner: _____ SSN _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (____) _____ Fax Number (____) _____

☐ **Owner is a corporation or another business form:** Supply name of all individuals owning at least 10 percent of the business. (If more space is required, attach a separate sheet of paper.)

Name of Corporation/Business: _____

Federal ID#: _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

3. Name of the operator: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

4. Descriptions: (If more space is required, attach a separate sheet of paper.)

A. Describe the services to be provided at the animal crematory: (Check all that apply.)

☐ Individual Cremation

☐ Transport of sharps/bio-hazardous

☐ Communal Cremation
provided

☐ Pick up and delivery of remains
by Crematory.

☐ Public Viewing

☐ Transportation of remains provided
by a third party.

☐ Private Viewing

☐ Other, please describe:

B. Describe the animal crematory:

- Building: Free Standing: _____ Strip Mall: _____ Warehouse: _____ Other: _____

- Size - Square Footage: _____ Type of Ventilation: _____

- Is the animal crematory part of veterinary premise? Y N

If yes, name of premise: _____ Premise License # _____

- Equipment: Inside of Building: _____

- Outside of Building: _____ Fenced? Y N

- Other, please describe: _____

C. Describe the cremation equipment: *If more than three pieces of equipment, attach a separate sheet of paper answering the same questions as listed below:*

1. Make: _____ Model: _____

- Type of unit: _____ Size of Unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

- If yes, date of modification: _____ Type of modification: _____

2. Make: _____ Model: _____

- Type of unit: _____ Size of unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

- If yes, date of modification: _____ Type of modification: _____

3. Make: _____ Model: _____

- Type of unit: _____ Size of unit: _____

- Year manufactured: _____ Year installed: _____

- Last service date: _____ Has unit been modified? Yes No

If yes, date of modification: _____ Type of modification: _____

OPERATOR TO COMPLETE THIS SECTION:

I (please print), _____, the operator of (name of crematory) _____ make application to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

_____/_____
Signature of Operator Date

RESPONSIBLE OWNER TO COMPLETE THIS SECTION:

I (please print), _____, the Responsible Owner of (name of crematory) _____ make application to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

_____/_____
Signature of a Responsible Owner Date

**ALL THE FOLLOWING DOCUMENTS
MUST ACCOMPANY THIS APPLICATION**

1. Submit required non-refundable fee of \$400.00.
2. Submit evidence that the operator received training in the safe and proper operation of the cremation chamber.
3. Corporations must attach Articles of Incorporation to this application.
4. Please include copies of all licenses and permits for this operation (DEQ permits, county licenses, city business license, etc.)

Please be advised of the following pursuant to Arizona Revised Statutes (ARS) §41-1030:

ARS §41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

ARS §41-1030(D): This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

ARS §41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

ARS §41-1030(F): This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02